

Summary of Health Homes and Supportive Housing

June 12, 2013

Currently NY has 48 designated Health Homes in NYS, covering 58 counties. Many HHs serve multiple counties; there are 32 unique lead Health Homes.

Of the unique lead HHs designated by the Department:

100 percent include supportive housing linkages in their provider network lists

100 percent reported in their application that housing stability was critical in stabilizing long term community support needs, health, and quality of life.

It should be noted that HHs completed their applications using a variety of definitions for housing including, but not limited to, shelters, club houses and transitional housing. For purposes of this summary, the aggregate numbers identified represent permanent housing as determined by the HH team. Going forward additional information may be required from HHs to more accurately reflect updated supportive housing networks.

Regionally, HHs that reported housing linkages in their networks included (numbers last updated August, 2012):

- New York City: **89 housing providers** (Bronx, Brooklyn, Queens and Manhattan). Please note that Institute for Community Living reported an additional 80 OMH housing facilities which are posted on their website - these 80 housing facilities are not included in the total of 89 housing providers;
- Long Island: **22 housing providers** (Suffolk and Nassau);
- Hudson Valley: **13 housing providers** (Delaware, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester);
- Northern: **24 housing providers** (Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington);
- Central: **35 housing providers** (Broome, Cayuga, Chemung, Chenango, Cortland, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Oneida, Onondaga, Ontario, Oswego, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne and Yates); and
- Western: **21 housing providers** (Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming).

In addition, the bullets below represent a summary of common themes/comments identified by HHs, as noted in their applications, concerning respective housing network(s).

- Increased access to stable and supportive community housing resources may reduce inpatient hospital stays, as well as 30-day readmission rates.
- Care coordinators working and fostering collaborative relationships with professional teams in supportive housing may maintain ongoing linkages/communication to primary and behavioral health care, chemical dependency services, and other resources, as needed.
- Housing service providers can alert care managers of early signs of mental health substance use relapses, non adherence to treatment, missed appointments, and/or deterioration of health status, ultimately improving patient outcomes.
- With the establishment of HHs, care coordinators (with their expertise and knowledge of community resources) may be more proactive in averting patient crisis that would otherwise lead to inpatient admissions.
- Discharge planning and coordination may be improved with the ability to return the individual to stable supportive housing, maximizing the partnership between the professional supportive housing teams and the Health Home care coordinator.